REISSUE PATENT APPLICATION TRANSMITTAL

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Address to:	Attorney Docket No.	090936.0407						
Assistant Commissioner for Patents	First Named Inventor	Thomas J. Warnagiris						
Box Reissue	Original Patent Number	6,339,409						
Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	1/15/02						
	Express Mail Label No.	EV352386954US						
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Patent	Design Patent	Plant Patent						
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS							
Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).							
2. Applicant claims small entity status. See 37 CFR 1.27.	11. Original U.S. Patent for surrender							
3. Specification and Claims in double column copy of patent format (amended, if appropriate) (11 pgs)	Ribboned Original Patent Grant							
Drawing(s) (proposed amendments, if appropriate)	Statement of Loss (PTO/SB/55)							
Reissue Oath/Declaration (original or copy)	12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)							
6. (37 C.F.R. § 1.175) (PTO/SB/51 or 52) (2 pgs)	Information Disclosure Statement (IDS)/PTO-1449 Copies of I							
7. Original U.S. Patent currently assigned? Yes No		of Reissue Oath/Declaration						
(If Yes, check applicable box(es))	(ii applicable)							
Written Consent of all Assignees (PTO/SB/53) (1 pg)	15. Preliminary Amendment (9 pgs)							
37 C.F.R. § 3.73(b) Statement (PTO/SB/96) (1 pg)	16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)							
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: Pursuant to 37 C.F.R. 1.178, Applicant will surrender the original patent prior to the allowance of this reissue application.							
Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)								
a. Computer Readable Form (CFR)								
 b. Specification Sequence Listing on: i □ CD-ROM (2 copies) or CD-R (2 copies); or ii □ paper 								
c. Statements verifying identity of above copies								
18. CORRESPONDENCE AD	DRESS							
Customer Number or Bar Code Label 31625 or Correspondence address below								
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NAME (Printl Type) Ayın C. Livingston	Registration No. (Attorney/Agent) 32	,479						
Signature	Date	1/15/04						
								

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	0	BAKER BOTTS LEP REISSUE APPLICATION FEE TRANSMITTAL FORM										Docket Number (Optional) 090936.0407				
							Cla	ims as	Filed - Part							
		Claims in Number Filed in (3) Sm					Small E	•		Other than a S						
				Total Claims			Application	pplication Num		Rate	Fee		Rate	Fee		
		(A)	33	(37 CFR	1.16(j))	(B)	33		0 =	X \$9=	\$0	or	x \$18 =	<u> </u>		
		(C)	3	(37 CFR		(D)	3	*	0 =	x \$42 =	\$0		x \$84 =	·		
		Basic Fee (37 CFR 1.16(h))									\$385			\$		
						Total Filing Fee		\$ 385		OR	\$					
				,				s as Aı	mended - P	art 2						
•				(1) Claims Remaining After Amendment		a (2) Highest N		umber Extra	Small Entity			Other than a	a Small Enti	ty		
							Previously Paid For		Claims Present	Rate	Fee		Rate	Fee		
		Total Claims (37 CFR 1.16(i)		***	64	MINUS	**	34	* = 20	x\$9_=	180	,	x \$18 =			
		Indepe Claims (37 C	endent	***	5	MINUS	****	3	= 2	x\$ 43 =	86	1	x \$ 84 =			
		Claims (or C	3/ 1X 1.10(1))	l		1	Ļ	***	Total Ad	dditional Fee	\$ 266	_	OR	\$		
		* If the e	entry in (D) is less t	han the ent	y in (C),	Write "0" in co	lumn 3			1			_!		
			• • •				ously Paid For			Vrite "20" in th	nis space.					
		*** After	any canc	ellation o	f claims.											
		**** If "A	" is greate	er than 20), use (B - A); if "A" is	s 20 or less, u	se (B -	20).							
		***** "Hiç	ghest Nun	nber of Ir	ndependent	Claims F	Previously Pai	d For"	or Number o	of Independer	t Claims	in Pat	ent (C).			
4		Ø Apr	olicant clai	ims smal	l entity statu	ıs. See 3	7 CFR 1.27.									
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		The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No50-2148														
		A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.														
		WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Thomas J. Warnagiris

Patent No.:

6,339,409

Patent Issue Date:

January 15, 2002

Title:

WIDE BANDWIDTH MULTI-MODE ANTENNA

MAIL STOP REISSUE Commissioner of Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that the attached Reissue Patent Application Transmittal; Reissue Application Fee Transmittal; US 6,339,409 B1; Reissue Application Declaration by Inventor; Reissue Application Consent of Assignee; Statement Under 37 CFR 3.73(b) and Preliminary Amendment are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on this 15th day of January, 2004, and is addressed to Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jay Howard

Express Mail Receipt No. EV352386954US Attorney Docket 090936.0407